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n Income from racetr	ack winnings in Puerto Rico?				
E. Other exempt inco	navments to ASUME?	5. Married filing s	separately (Submit	spouse's name and	social security number
THEHEST SOURCE OF INCOME		J. O Retired/Pensions		A TOTAL COLLEGE	
G Government, Municipalitie	es or Public Corporations Employee	J. C Redictor Crosos	- 1 1-1-1	○ TAXPAYE	R C SPOUSI
		K. Self-Employed (I	ndicate principal		The second second second
H. Federal Government Em	ployee	 K. Self-Employed (I industry or busin 	ndicate principal less)		2010 RETURN
I. O Private Business Employ	oployee yee 6110 Spause's occup	industry or busin	ess)	O SPANISH	O ENGLISH
Private Business Employ Your occupation Teacher	oployee yee 6110 Spouse's occup	industry or busin	duals living 1	ogether filin	a a joint return
Private Business Employ Your occupation Teacher	oployee yee 6110 Spouse's occup	industry or busin	duals living 1	ogether filin	a a joint return
Private Business Employ Your occupation	ose the optional computation of to complete Parts 2 and 3, neither I	industry or busing pation tax for married individuals 15 through 25 o	duals living 1	together, filin go to Sched	g a joint return Jule CO Individu
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Case:17-03283-LTS Doc#:12363-1 Filed:03/13/20 Entered:03/16/20 14:52:43 Desc: Exhibit Page 3 of 11

orm 482.0 Rev. 01.11				The second secon
	RETURN WITH CHECK (PLEA		Serial	Number
Liquidator Reviewer R G RO V1 V2 P1 P2 N D1 D2 E A	2010 GOVERNMENT OF DEPARTMENT OF INDIVIDUAL INCOME	ME TAX RETURN	→ AMENDED RETURN	
	FOR CALENDAR YEAR 2010 OR T. 1 January 2010 AND E	NDINGON_31 December 2010	O DECEASED DURING TO	CO WOLL ICE
Toxpayer's Marie	Name Second Last Name	Taxpayor's Social Security Number	Payme	nt Stamp
Postal Address PO Box 782	A			
Coamo PR	Zip Code 00769-0782	Spouse's Date of Birth		
	label here". Second Last Name	Day Month Year Disabled:		
Spouse's First Name and initial Last Name		Taxpayer Spouse		
lome Address (Town or Urbanization, Number, Street)		(787) 000-0000 Work Telephone		
Hacienda Miraflores Coamo PR	Zip Code 00769-0000		Receipt Norther	
-Mail Address		FILING STATUS AT THE END O	E THE TAXABLE YEAR:	
A. Dunited States Citizen? B. Resident of Puerto Ricc C. Dobligation to make pa D. Other exempt income Indicate total \$ 0	lyments to ASUME?		and social security number narried)	
I MOUTEST COMPCE OF INCOME.	a de la companya Cardenae	H. Retired/Pensioner	TAYPAYER	
E. Government, Municipalities of Federal Government Employ	or Public Corporations Employee	Self-Employed (Indicate prin industry or business)	cipal	2011 RETURN
G. O Private Business Employee			■ SPANISH	
Your occupation Teacher	6110 Spouse's occupat		ving together, filin	g a joint return a
Fill in here if you choose	e the optional computation of ta mplete Parts 2 and 3, neither lin	nes 15 through, 25 of Part 4	, and go to Sched	ule CO Individual
Receipt Stamp	1. Wages, Commissions, Allowa	rances and Tips A-Income Tax	x Withheld	Allowances and Tips
Receipt Stamp	ATTACH ALL YOLIR WITHHOLD	INGSTATEMENTS	1,354 00	33,618
	(Forms 499R-2W-2PR, 499R-2CN as applicable).	N-2CPRorW-2,	167 00	4,950
			00	
	Total of withholding statement	nents 2	1,521 00	
	with this return			38,568
		Income Ta	ax Withheld	38,568 Federal Wages
	C. Fodoral Government Wages	Income Ta	ax Withheld (02)	
The least of occasi	C-Federal Government Wages	s (See instructions) (01)	ax Withheld (02)	Federal Wages
2. Other Income (or Losses): A) Interest income (Schedule	F Individual, Part I, line 10)	s (See instructions) (01)	ax Withheld (02) (02) (03)	Federal Wages
	F Individual, Part I, line 10)	s (See instructions) (01) Income Ta	ax Withheld (02) (02) (03) (04) (05)	Federal Wages
B) Distributable share on special C) Distributable share on special	F Individual, Part I, line 10)	s (See instructions) (01) Income Ta	(02) (03) (04) (05) (27) (28) (28) (28) (29) (20) (20) (20) (21) (21) (21) (21) (22) (23) (24) (25) (27) (27) (27) (27) (27) (27) (27) (27	Federal Wages
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M 499R-2/W-2 PR GOBIERNO DE PUERTO RI 10.11 DEPARTAMENTO DE HACIE	DOC#:12363-1 Filed:03/13/2 CO - GOVERNMENT OF PUBLIC PAGE 4 (NDA - DEPARTMENT OF THE TREASURY ENCION - WITHHOLDING STATEMENT	INFORMACION PARA EL DEPARTAMENTO DE HACIENDA DEPARTMENT OF THE TREASURY INFORMATION	INFORMACION PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION
Nombre-First Name ANTONIO	3. Núm. Seguro Social Social Security No.	7. Sueldos - Wages 33458.72	17. Total Sueldos Seguro Social Social Security Wages
pellido(s) - Surname(s) TORRES CARDENALES	4, Núm. de Ident, Patronal Employer Ident. No. (EIN) 660433481	8. Comisiones - Commissions 0 , 0 0 9. Concesiones - Allowances	18. Seguro Social Retenido Social Security Tax Withheld
Dirección Postal del Empleado-Employee's Mailing Ado	5. Fecha en que comenzó a recibir la pensión - Date on which you started to	0.00	0.00
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grant transmi	6. Costo de Pensión o Anualidad Cost of Pension or Annuity 0.00	12. Gastos Reembolsados Reimbursed Expenses 0.00	20. Contrib. Medicare Retenida Medicare Tax Withheld
2. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address	6A. Costo de cubierta de salud auspiciada por el patrono - Cost of employer-sponsored	13. Cont. Retenida - Tax Withheld 898.31	0.00
L8013750526 SUSANA RIV DEPT DE EDUCACION-MAESTROS AVENIDA TENIENTE CESAR GONZA	health coverage 0.00	14. Fondo de Retiro Gubernamental Governmental Retirement Fund 2921.40	21. Propinas Seguro Social Social Security Tips 0.00
ESQUINA CALAF HATO REY, PR 00919	Charitable Contributions 12.00 Copia C para Récord	15. Aportaciones a Planes Cualific. Contributions to CODA PLANS 0.00	22. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips
Número de Teléfono del Patrono Employer's Telephone Number	del Empleado Copy C for Employee's	16. Salarios bajo Ley Núm. 324 de 2004 Salaries under Act No. 324 of 2004 0 . 0 0	0 . 0 0 TIVO input
Total Control	Records Año: 2011 Year:	16A. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the Save and Double your Money Program O . 0 0	en Propinas - Uncollected diqui
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Firms del Contribuyente Nombre del Especialista (Letra de Moide)	(a.d. 1 12-ruhol-12-V	con respecto a la información disponible ma del Conyuge mbre de la Firma o Negocio	y dicha información ha sido verificada. Fecha
Esther Figueroa	dentificación Patronal Especialista por cuer propia (ennegrezca ac	nta Firma del Especialista	Fecha

COMPROBANTE DE RETENCIO	RICO - COMMONWEALTH OR MURE TO RECO DEPARTMENT OF THE TREASURY N - WITHHOLDING STATEMENT	/13/20 Entered:03/16 ONE PRINCIPAL PARA EL DEPARTAMENTO DE HACIENDA DEPARTMENT OF THE THEASURY INFORMATION	20 14:52:43 Desc: INFORMACION PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION 17. Total Sueldos Seguro Social
bre-First Name	3. Núm. Seguro Social Social Security No.	7. Sueldos - Wages 35821.82	Social Security Wages
FONIO D(s) - Surname(s) RRES CARDENALES	4. Núm. de Ident. Patronal Employer Ident. No. (EIN) 660433481	8. Comisiones - Commissions 0 . 0 0 9. Concesiones - Allowances 0 . 0 0	18. Seguro Social Retenido Social Security Tax Withheld
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ro de Teléfono del Patrono	Copia C para Récord del Empleado	16. Salarios bajo Ley 324-2004 Salaries under Act 324-2004	Social Security Tax on Tips
Cese de Operaciones: Dia Mes Año e of Operations Date: Day Month Year ocontrol - Control Number	Copy C for Employee's Records Año: 2012	0.00 16A. Aportaciones al Programa Ahorra y Duplica tu Dinero - Contributions to the Save and Double your Money Program 0.00	23. Contrib. Medicare no Retenide (Miduo) en Propinas - Uncollected Medicare Tax on Tips 0 - 00
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Case:17-03283-LTS Doc#:12363-1 Filed:03/13/20 Entered:03/16/20 14:52:43 Desc:_{S2010} **Exhibit** # Cheque: 06330151 Estado Libre Asociado de Puerto Rico SM -Quincenal Grupo de Pago: 12/09/2013 * 080 - DEPT DE EDUCACION-MAESTROS Desde: 12/20/2013 Fecha: 12/17/2013 Hasta: DATA IMP: PR ANTONIO L TORRES CARDENALES # Empleado: A. L.T.C. Federal APARTADO 782 Dept: 8005137-SANTA ISABEL-PONCE Estado Civil: Head of Household Oficina: SUSANA RIVERA Concesiones: 2 COAMO PR 00769 A.L.T.C. DEPARTAMENTO DE EDUCACION Pct. Adcl.: Titulo: Sueldo: \$2,705.00 Monthly Cant. Adcl.: IMPUESTOS HORAS E INGRESOS Corriente ----- Acumulado -----Horas Descripcion Corriente Acumulado Sueldo Horas Ingresos Ingresos Descripcion 0.00 939.77 1,000,00 PR Withholdng Bono de Navidad 0.00 Pago de Salarios Regulares 0.00 1,476.00 32,460.00 2,184.14 0.00 Licencia Enfermedad en Exceso 939.77 35,644.14 0.00 0.00 1.476.00 Total: PENERICIOS PATRONALES PAGADO DEDUCTIONES DEDUCCIONES GENERALES Acumulado Descripcion Corriente Acumulado Descripcion Acumulado Descripcion Corriente Corriente SM-Asoc Maestros de PR 0.00 1,440.00 GPR Plan de Retiro de Maestro 0.00 2.921.52 **DUM-Gob Otras Deducciones** 611.59-611.59-SM-Asoc Maestros de PR 0.00 766.00 GPR Plan de Retiro de Maestro 0.00 2,759.04 973.92 FSED Disability Plan 0.00 605.89 Ahorros-AEELA 0.00 DM-FONDOS UNIDOS 0.00 8.00 131.00 SC-MULTINATIONAL LIFE INS. 0.00 421.89 AE-Asoc Emp ELA-Prest Regular 0.00 SC-GENERAL ACCIDENT LIFE 0.00 109.62 1,798.84 * Tributable 2,921.52 Total: 611.59-Total: 0.00 TOTAL BRUTO TOTAL IMPUESTOS DEDUCCIONES TOTALES PAGA NETA Corriente: 0.00 0.00 611.59-611.59 Acumulado 35,644.14 939.77 4,720.36 29,984.01 PTO HORAS DISTRIBUCION PAGA NETA ACUM Balance Inicial: 0.0 Cheque #06330151 611.59 + Acumulado: Total: 611.59 - Utilizado: - Donada:

MENSAJE:

+ Ajustes:

Balance Final:

0.0

estado libre asociado de puerto rico - com Departamento de Hacienda-Departm COMPROBANTE DE RETENCION - WIT	ENT OF THE TREASURY	NFORTACIÓN PARA EL DEPARTAMENTO DE NACIENDA : DEPARTMENT OF THE TREASURY FORMATION	Informacion para el seguro social social security information
1. Nombre - First Name	Social Security No.	7. Sueldos - Wages 33,387	17. Total Sueldos Seguro Social Social Security Wages
Antonio	4 Num, de Identi Parrupal	B. Comisiones - Commissions O	0
Apellido(s) - Surname(s) Torres Cardenales	Employer Iden No (EIN)	9. Concesiones - Allowances O	18. Seguro Social Retenido Social Security Tax Withheld
Dirección Postal del Empleado - Employee's Mailing Address	Costo o cubierta de salud auspiciada od patrono - Cost of employer- sponeored health coverage	10, Propinas - Tips 0	0
PO Box 872 Coamo PR 00769-0872	0	11. Total = 7 + 8 + 9 + 10 33,387	19. Total Sueldos y Pro. Medicare Medicare Wages and Tips
80	Charitable Contributions	 Gastos Reemb, y Beneficios Marginales Reimb, Expenses and Fringe Benefits 	18 M . M . 18 F 10
Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address	0	0	0
Departamento Educacion	Patrono: - Employer: • Envie a: - Send to:	13. Cont. Referida - Tax Withheld 742	20. Contrib. Medicare Retenida Medicare Tax Withheld
Ave. Teniente cesar Gonzalez San Juan 14 00919-0000	Social Security Administration Data Operations Center Wilkes-Barre, PA 18769-0001	14. Fondo de Retiro Gubernamental Governmental Retirement Fund	0.
Número de Telefono del Patrono	Con la	2,890	21. Propinas Seguro Social Social Security Tips
Employer's Telephone Number Fecha Cese de Operaciones:	With the W-3PR Envíe al Departamento de Hacienda electrónicamente	15. Aportaciones a Planes Cualific. Contributions to CODA PLANS	Social Security Tips
Cease of Operations Date: Número Confirmación de Refranción Electrónica	Send to Department of the Treasury	16. Salarios Exentos (Ver instrucciones	0
Electronic Filing Cooling and Australia	electronically (www.hacienda.gobierno.pr) Entregue dos copias al empleado	Exempt Salaries (See instructions) O	22. Seguro Social no Retenido en Propinas - Uncollected Social Security Tax on Tips
S140003	Deliver two copies to employee Conserve copia para sus records	16A Código de Salarios Exentos Exempt Salarios Code	0
Número Control - Control Number	Keep copy for your records	-	23. Contrib. Medicare no Retenid
004382730	Año: 2014	16B. Aportaciones at Programa Ahorra Duplica tu Dinero - Contributions to the Save and Double your Money Program	10 Medicare Tax on Tips
Fecha de radicación: 31 de enero - Filing	Inter January 21	0	1

ANTONIO Apelilido(s) - Surname(s) TORRES CARDENALES Dirección Postal del Empleyer's Mailling Address APARTADO 782 COAMO, PR 00769 S. Costo de cubiberta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage O. 00 S. Comisiones - Commissions O. 00 9. Concesiones - Allowances O. 00 10. Propinas - Tips O. 00 11. Total=7+8+9+10 O. 00 11. Total=7+8+9+10 O. 00 12. Gastos Reemb. y Beneficios Marginales Relmb. Expenses and Fringe Benefits Patrono: - Employer: Serial Security Administration Data Operations Center Wilkes- Bare Platrono Center Vilkes- Bare of Operations Date: Date Control Number Arces de Operations Date: Date Control Number Date Control Number Arces de Operations de Radicación Electrónica tronic Filing Confirmación de Radicación Electrónica tronic Filing Confirmation Number O. 00 18. Comisiones - Commissions O. 00 19. Foroisas - Tips O. 00 10. Propinas - Tips O. 00 11. Total=7+8+9+10 O. 00 12. Gastos Reemb. y Beneficios Marginales Relmb. Expenses and Fringe Benefits O. 00 13. Cont. Retenida - Tax Withheld Total Sueldos y Propinas - Serial Security Tips On 00 14. Nombre y Dirección Postal del Patrono Employer's Name and Mailing Address O. 00 Patrono: - Employer: - Envie a: - Send to: - Social Security Tips - Envie al Departamento de Hacienda del Centributions Date: - Security Tips - Envie al Departamento de Hacienda Deliver two copies to employee - Conserve copia para sus records Keep copy for your records - Control Number O. 00 16. Dorativos 17. Co. 88 14. Fondo de Retiro Gubernamental Governmental Retirement Fund Deliver two copies to employee - Conserve copia para sus records - Keep copy for your records - Conserve copia para sus records - Keep copy for your records - Control Number O. 00 16. Salarios Exentos (Ver instrucciones) - Control Number - Control Number - Out 90 3462 Fercha de radicación: 31 de enero - Filling date: January 31 Del Centributy no del Centributions to the Save and Double your Money Program - Out 90 3462 Año: Codigo de Salari		INFORMACION PARA SEGURO SOCIAL SOCIAL SECURITY INFORMATION	INFORMACION PARA EL DEPARTAMENTO DE HACIENDA DEPARTMENT OF THE TREASURY INFORMATION	Formulario Form 499R-2/W-2 PR Rev. 08.15 ESTADO LIBRE ASOCIADO DE PUERTO RICO - COMMONWEALTH OF PUERTO RICO DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY COMPROBANTE DE RETENCION - WITHHOLDING STATEMENT				
Apellido(s) - Surname(s) TORRES CARDENALES Dirección Postal del Employer den.l. No. (EIN) 5 CO3 de cubierta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage COAMO, PR 00769 S. Costo de cubierta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage O.00 10. Propinas - Tips 0.00 11. Total=7+8+9+10 3.3060.00 11. Total=7+8+9+10 3.3060.00 12. Gastos Reemb. y Beneficios Marginales Relmb. Expenses and Fringe Benefits O.00 Patrono: - Employer: Envie a: - Send to: Social Security Administration Data Operations Center Wilkes-Barre, PA 18769-0001 Con la With the W-3PR Incre Confirmación de Radicación Electrónica tronic Filing Confirmation Number Social Security Times of the Control Number For Control - Control Number For Control - Control Number O.00 Año: O.00 10. Propinas - Tips 10. Propinas - Tips 10. On 0 11. Total=7+8+9+10 12. Gastos Reemb. y Beneficios Marginales Relmb. Expenses and Fringe Benefits O.00 13. Cont, Retenida - Tax Withheld Governmental Retirement Fund Governmental Retirement Fund Universidad propor Send to Department of the Treasury electronical tronic Filing Confirmation Number For Control Number O.00 16. Salarios Exentos (Ver instrucciones) Exempt Salaries (See instructions) 16. Salarios Exentos (Ver instrucciones) Exempt Salaries (See instructions) 16. Salarios Exentos (Ver instrucciones) Exempt Salaries (See instructions) 16. Salarios Exentos (Ver instrucciones) Exempt Salaries (See instructions) 16. A. Código de Salarios Exentos Exempt Salaries Code 17. Forpinas Seguro Social Never Depinas - Unico Social Security Times of the Propinas - Unico		17. Total Sueldos Seguro Soc Social Security Wages		3. Núm. Seguro Social Social Security No.				
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Save and Double your Money Program

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Case: TIME 13283-1-18 ARTIMENT OF THE 117 TOTAL SUBJECT STORY 13720 ENTER 50 1:05371 85920 WAPS 14:52:43 Form 499R-2/W-2PR Page 11 of 11 GOBIERNO DE PUERTO RICO - GOVERNMENT OF PUERTO RICO ' NFCRMACIÓN PARA EL DEPARTAMENTO DE INFORMACIÓN PARA EL SEGURO SOCIAL SOCIAL SECURITY INFORMATION DEPARTAMENTO DE HACIENDA - DEPARTMENT OF THE TREASURY HACIENDA - DEPARTMENT OF THE TREASURY INFORMATION 555 COMPROBANTE DE RETENCIÓN - WITHHOLDING STATEMENT 7. Sueldos - Wages Total Sueldos Seguro Social Social Security Wages 1. Nombre - First Name 34,546.90 3. Núm. Seguro Social A LiT. C. 8. Comisiones - Commissions 0.00 ANTONIO L 0.00 9. Concesiones - Allowances Núm. de Ident. Patronal Seguro Social Retenido Social Security Tax Withheld Apellido(s) - Last Name(s) Employer Ident No. (EIN) 0.00 10. Propinas - Tips 66-0433481 TORRES CARDENALES 0.00 Costo de cubierta de salud auspiciada por el patrono - Cost of employer-sponsored health coverage Dirección Postal del Empleado - Employee's Mailing Address 0.00 11. Total = 7+8+9+10 34,546.90 Total Sueldos y Pro. Medicare Medicare Wages and Tips APARTADO 782 12. Gastos Reemb. y Beneficios Marginales Donativos Charitable Contributions 0.00 COAMO PR 00769 0.00 13. Cont. Retenida - Tax Withheld Fecha de Nacimiento: Dia Mas Año. 0.00 Contrib. Medicare Retenida Medicare Tax Withheld Date of Birth: Day Month Year 839.32 Patrono: - Employer: 2. Nombre y Dirección Postal del Patrono Fondo de Retiro Gubernamental Governmental Retirement Fund Employer's Name and Mailing Address Indique si la remuneración incluye pagos al empleado por: 3,021.55 0.00 DEPT DE EDUCACION MAESTROS Indicate If the renumeration includes 15. Aportaciones a Planes Calificados Contributions to CODA PLANS **AVENIDA TENIENTE CESAR** 21. Propinas Seguro Social payments to the employee for: **ESQUINA CALAF** Social Security Tips 0.00 A- Servicios prestados por un médico HATO REY, PR 00919-0000 Salarios Exentos (Ver instrucciones) Exempt Salaries (See instructions) cualificado bajo la Ley 14-2017 Número de Teléfono del Patrono 0.00 Services rendered by a qualified Employer's Telephone Number physician under Act 14-2017 Seguro Social no Retenido en Propinas - Uncollected Fecha Cese de Operaciones: Día Año 0.00 18 Cease of Operations Date: Day Month Year B- Servicios domésticos Social Security Tax on Tips Còdigo/Code Número Confirmación de Radicación Electrónica Domestic services 0.00 Electronic Filing Confirmation Number 16A 0.00 Código/Code F0717193216 C- Otros/Others: 0.00 23. Contrib. Medicare no Retenida Número Control - Control Number en Propinas - Uncollected Medicare Tax on Tips

Año:

Year.

2018

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Fecha de radicación: 31 de enero - Filing date: January 31

